

**The American Association of Veterinary State Boards'
Veterinary Information Verifying Agency**

Address Correspondence to:
4106 Central St.
Kansas City, MO 64111
Telephone: Toll Free (877) 698-8482, or (816) 931-1504
E-mail: info@aavsb.org
Fax: (816) 931-1604

Send Application with payment to:
P.O. Box 413183
Kansas City, MO 64141-3183

SCORE REPORTING SERVICE

The American Association of Veterinary State Boards:

The American Association of Veterinary State Boards (AAVSB) is a not for profit organization whose membership consists of the state veterinary licensing boards within the United States, its territories and certain provinces of Canada. One of many services provided to its member boards is the Veterinary Information Verifying Agency (VIVA®), a centralized depository for veterinarians' credentials and a source for boards to obtain verified, documented data about licensed veterinarians. AAVSB's VIVA® system is computerized and designed to provide prompt personalized service for our member boards. The Score Reporting Service is the first phase of VIVA®. For Credentials Registry to simplify future licensing in other jurisdictions, see the AAVSB website at: www.aavsb.org/VIVA/VIVAHome.htm.

Score Reports:

The National Board of Veterinary Medical Examiners (NBVME) automatically reports examination results to the licensing board in whose jurisdiction the test is given. These **original score reports** are included in your examination fee. Effective November 15, 1998, all score reports, other than the original, must be accomplished through VIVA®. Through an agreement with NBVME, AAVSB maintains all national veterinary licensure examination results in a secure file at its national headquarters. Your scores are confidential and they will be released only to the licensing board(s) or other jurisdiction (ECFVG, NEB) you designate on this application.

Transferring Scores:

Utilize this service when you need to transfer your examination score(s) to a jurisdiction other than the state of your original licensure. The transfer fee covers the transfer of your NBE, CCT and NAVLE scores to *one* jurisdiction. Subsequently, if you want your scores sent to an additional jurisdiction, you must send an additional payment and written request to AAVSB's VIVA® by mail.

Complete the attached form by carefully following the directions. Provided that the correct payment is received and the form is complete, VIVA®'s goal is to process your application in five (5) business days or less. Please note that you cannot transfer your scores(s) until *after* you have taken the examination.

Fee:	Online Score Transfer	\$80 per jurisdiction
	Mail/Fax Score Transfer.	\$100 per jurisdiction

Instructions:

Please follow the directions carefully. Incomplete or illegible applications will be returned.

1. **Type or print** your application legibly in blue or black ink.
2. Double-check the spelling and accuracy of the information you provide.
3. Answer ***every*** question. If a question does not apply to you, enter "N/A."
4. Print your full last name at the bottom of each page in the space provided.
5. Provide your Social Security # in the space provided below.
6. **Detach** this page, date it and keep for your records.
(We recommend that you also keep a copy of the application.)
7. Mail application with payment to AAVSB, P.O. Box 413183,
Kansas City, MO 64141-3183.

DATE SENT: _____

DO NOT RETURN THIS PAGE

Name: _____

Last	First	Middle
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Date of Birth: _____
 Month Day Year

Social Security #: _____/_____/_____
 (and/or, if you have a Canadian SIN#): _____/_____/_____

➡ If you have a VIVA® #, supply it here **VIVA®** (Note: VIVA#s only in use since 1998.)

Provide the name(s) of the jurisdiction(s) where you want your scores sent. (You need NOT supply addresses, we have them.)

Score Transfer(s): _____ **Fee (\$100 per jurisdiction)**

Name of state, province, etc. Name of state, province, etc.

Name of state, province, etc. Name of state, province, etc.

 # of jurisdictions x\$100 = ... Total payment due:

Method of payment: Master Card ____ VISA ____ Certified Check ____ Money Order ____

Personal check ____ (Note: this method may delay processing)

➡ **Payment *must* accompany this application.** Make your check or money order payable to AAVSB and enclose it with your application. If you are paying by credit card, you must authorize the charge by providing the following information and signing below:

Expiration Date: _____ Card #: _____

Card Holder's Signature: _____ Printed name: _____

Card Holder's Billing Address (including postal code): _____

PART III: Identifying Information

A. Legal Name:

Last Name

First Name _____ MiddleName _____

B. Other Names Used (if you do not use and have never used another name, write N/A):

Other Last Name(s)	Other First Name	Other Middle Name
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C. Place of Birth:		
City	State (Province)	Country (if other than US or CA)

D. Mailing Address :

Number and Street	Apartment #
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City	State (Province)	ZIP/Postal Code	Country
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E. Home Address (if the same as Mailing Address, write N/A):

Number and Street	Apartment #
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City	State (Province)	ZIP/Postal Code	Country
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F. Contact Numbers: Provide the following contact numbers. Circle the one at which you are most likely to be reached during AAVSB's working hours (8:30am - 5pm Central Time, Monday through Friday).

Home Telephone #: () - _____

FAX #: () - _____

Work Telephone #: () - _____

E-mail Address: _____

G. Veterinary school from which you graduated:

Name of school

Date of graduation

H. Licensure History: List every state/province/country where you have ever held a license to practice veterinary medicine. List additional jurisdictions on a separate sheet if necessary.

Name of state

License number

Year and month of licensure

Name of state

License number

Year and month of licensure

PART IV: National Veterinary Examination History

Provide the following information for every national veterinary examination you have taken, regardless of the score received. If you need additional space, copy this page and attach the copies. Provide as much information as you can. Candidate ID numbers for the NBE & CCT were issued by the licensing board where you took the exam. **The candidate ID number for the NAVLE is your SSN for US applicants** and a number issued by the NEB for Canadian applicants.

Exam Type	Date taken (mo/day/yr)	State/Province (where you took the exam)	Candidate ID#
NBE	/ /		
	/ /		
	/ /		
CCT	/ /		
	/ /		
	/ /		
NAVLE	/ /		(SSN)
	/ /		

Part V: Authorization for Release of Information

I, _____ (print name), hereby release, discharge and hold harmless the American Association of Veterinary State Boards, its agents or representatives of any and all liability relative to the release of my examination scores to the identified jurisdiction(s). I authorize AAVSB's VIVA to release examination scores to the identified veterinary regulatory board(s) or agency pursuant to my request.

Applicant's Signature

Date of Signature

Applicant: Print your last name here: _____